

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048161

6768

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED DEC 27 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b

2 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION OUR LADY OF MERCY HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

918 EAST 9TH ST.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

LULU

MESCE

4. DATE

Month

Day

Year

DEATH

DECEMBER 12 - 1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

CAUC.

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

8-1-1882

## 9. AGE (last birthday)

81 YEARS

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

## 11. BIRTHPLACE (City and state or country)

CHICAGO, ILLINOIS

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JOHN GOODMAN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

JAMES A. MESCE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

FRANK J. MESCE - 4901 GLENDALE RD.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Vascular Thrombosis

DUE TO (b)

DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

## 20f. CITY, TOWN, OR LOCATION

COUNTY STATE

## 21. I attended the deceased from

1961

to

Dec. 12, 1963

and last saw him

alive on

Sept. 20, 1963.

## Death occurred at

12:55 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John B. Justus M.D.

## 22b. ADDRESS

4620 Nichols Pkwy  
E.C. MO.

## 22c. DATE SIGNED

12-13-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

## 23b. DATE

12-14-1963

## 23c. NAME OF CEMETERY OR CREMATORY

ELMWOOD CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

MUEHLERBACH

## 25. DATE RECD. BY LOCAL REG.

12-13-63

## 26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JOHN B. JUSTUS

111-110-000

6700

or V. 2-3500

On file to question 11:30 a.m.  
4620 p.m. 9/10/10  
9/1-1500

STATEMENT BY LICENSED EMBALMER

0-03

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert S. Lander

Licensed Embalmer No. 5103

P. O. Address F. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.